THE MEDICAL FORTNIGHTLY

Vol. XXXI — St. Louis, February 25, 1907. — No. 4

Papers for the original department must be contributed exclusively to this magazine, and should be in hand at least one month in advance. French and German articles will be translated free of charge, if accepted.

A liberal number of extra copies will be furnished authors, and reprints may be obtained at cost, if request accompanies the proof.

Engravings from photographs or pen drawings will be furnished when necessary to elucidate the text. Rejected manuscript will be returned if stamps are enclosed for this purpose.

COLLABORATORS.

ALBERT ABRAMS, M. D., San Francisco.
M. V. BALL, M. D., Warren, Pa.
CHARLES W. BURR, M. D., Philadelphia.
S. GROVER BURNETT, M. D., Kansas City.
C. G. CHADDOCK, M. D., St. Louis, Mo.
ARCHIBALD CHURCH, M. D., Chicago.
N. S. DAVIS, M. D., Chicago.
ARTHUR R. EDWARDS, M. D., Chicago, Ill.
FRANK R. FRY, M. D., St. Louis.
Mr. REGINALD HARRISON, London, England.
RICHARD T. HEWLETT, M. D., London, England.
J. N. HALL, M. D., Denver.
HOBART A. HARE, M. D., Philadelphia.
CHARLES JEWETT, M. D., Brooklyn.
THOMAS LINN, M. D., Nice, France.
FRANKLIN H. MARTIN, M. D., Chicago.
E. E. MONTGOMERY, M. D., Philadelphia.
NICHOLAS SENN, M. D., Chicago.
FERD C. VALENTINE, M. D., New York.
EDWIN WALKER, M. D., Evansville, Ind.
REYNOLD WEBB WILCOX, M. D., LL. D., New York
H. M. WHELPLEY, M. D., St. Louis.
WM. H. WILDER, M. D., Chicago, Ill.

LEADING ARTICLES

"A CRITICAL ANALYSIS OF THE EXPERT TESTIMONY IN THE 'JACK THE STABBER' CASE."

DAVID S. BOOTH, M. D.

ST. LOUIS, MO.

A "RETORT COURTEOUS."

It is with hesitation that we enter into a public controversy with a professional colleague, but one should not be silent when reflections he knows to be unjust are cast upon him.

In an article by the above title* the author, one of the state's experts, takes occasion not only to criticise our professional ability and deductions in the medico-legal case therein discussed, but assails our veracity—all under the cloak of science and the expressed "intention of avoiding the charge of personal criticism;" the latter of which is accomplished(?) by substituting letters for the experts' names, the writer being referred to as "Dr. A."

This might have been effective had both experts for the defense not been attacked, and had not "the crime, as well as the criminal excited a good deal of attention on account of the notoriety which was given them by the newspapers," as our critic writes, or had no great publicity been given the experts themselves in the case.

Recognizing ethic's decree, we accept our critic's explanation and implied apology, and in making our defense, wish to be equally obliging and more courteous than our deluded friend.

Space will not permit a "critical analysis" of our critic's "criticisms;" hence we shall not attempt more than is sufficient to unveil the erroneous trend of his article—the false premises, contradictions, and withal, the sophistry by which our own language is so misconstrued, as to mislead the unwary.

Our critic reflects upon the honesty of the entire medical profession when tempted by a fee, thus not only defiling his own fraternity, but furnishing a weapon to such of the laity as suspect us of intentionally making or keeping them ill for ulterior selfish motives.

Personally, we have greater confidence in the integrity of our professional colleagues and challenge our opponent to a proof of his charge that because a physician appears as a court expert for a client, he loses his honor and individuality, and becomes a dishonest partisan; and especially do we challenge him to a proof of his insinuation that the author's conduct in the case under discussion was or has been other than ethical, honorable and courteous; or that his examination, diagnosis and prognosis were not made upon the merits of the case uninfluenced by any consideration other than duty and justice; or that his personal examination of the prisoner, as well as his investigation of the case, was not even more critical and searching than was that of the critic himself; or that he knowingly made any false statement or gave on the stand other than his own honest opinion after due study and deliberation, for which he has ample authority and justification.

We do not acknowledge, as does our censor, that the money consideration in court cases, or in any case, influences our honest opinion or conduct one iota, and we will not believe, without proof, that it influences the integrity of the majority of our professional brethren. We believe the mass of the medical profession is able to sell its opinions, which are its stock in trade, without warping its judgment or stretching its conscience.

Referring to the case under consideration, our critic writes: "In other words, one set of opinion was simply an attempt to strengthen

* Interstate Medical Journal, December, 1906.

a defense argument [sic] and the other was simply on the question itself uninfluenced by either the prosecution or the defense" [bravo]; verily, "he that is without sin, let him cast the first stone."

This language seems unwarranted and severely harsh for legitimate controversy and unbecoming a member of the medical profession. His enthusiasm for revolution evidently inhibited his judgment.

In justice to science, if not in self-defense, we wish to say we had nothing to do with the defense of the prisoner, but after a clinical investigation, which resulted in the discovery of disease, we offered it as a scientific explanation for the prisoner's conduct. In our position as expert medical witness for the defendant, we had less to influence our judgment than did the experts for the state, for we were knowingly on the unpopular side, and our "tenure of office at best ceased with the verdict."

We have no intention or desire to comment upon the findings of the commission of experts who so magnanimously volunteered their services to the court, and are liberal minded enough to regret they were not allowed compensation for their services, and broad enough to say their opinion is entitled to the greatest respect, the honesty of which, we are candid enough to confess, we have never questioned, simply because it differed from our own conclusions; neither did it produce one grain of envy or resentment in our bosom, because it was not the product of our own instead of their fertile brains; neither has it caused us to lose respect for the honorable gentlemen composing it—all reputable members of our profession; nor do we believe our disagreement with it justifies the language of our critic, whose expressed intention was to "avoid personal criticism," viz.:

"The necessity of finding an abnormal state mentally was the task of the experts employed by the defense, for if they could not discover any mental trouble the theory of the defendant's lawyers fell to the ground. It can be seen that very early in the case the legal aspect overshadowed the medical point of view, although the medical question was by far the more important. A diagnosis was first to be made, then the prisoner fitted to it and the defense built up afterward. As a result the prisoner, Brady, was no longer to be considered a subject for careful medical inquiry, but an object of legal defense, the first requirement of which was the discovery of some definite mental disease."

We have only charity for a medical author who even conceived this "innovation" (for certainly it is such to us), hence cheerfully excuse his personal application, for "he knows not what he does." We would take pleasure in referring him to honest citizens, not "experts," or even members of our dishonest (?) profession who might enlighten him as to our probable conduct under such, to him, trying conditions, so that in future chapters of our critic's autobiography he may be more conservative in the application of its precepts.

In refutation of the allegation that the prisoner "was no longer to be considered a subject for careful medical inquiry," we have but to refer our readers to our published report of this case*, which was written solely for scientific purposes, hence without aspersions, that they may judge for themselves whether or not there was a "careful medical inquiry." This report contains a detailed history and full clinical record of the case, not alone the data contained in the hypothetical questions, but other confirmatory evidence, some of which was suppressed, and some ruled out as either "incompetent" or "privileged"—in brief, an "expurgated" history, in which will be found a short disquisition upon insanity, especially impulsive acts, which demonstrates the rationale of our conclusions.

It was certainly not imperative that we perjure ourselves in the prisoner's defense, since, according to our critic, the "woods are full" of experts ready to sacrifice themselves on the "golden altar."

Again, we read, "They proposed to establish proofs of physical degeneracy in this man, and to argue from it that some abnormal mental state was necessarily present."

Our critic then generously mentions the following, from which he states we "summed up our findings," viz., under weight, small facial angle, lobeless ears containing Darwinian tubercles—four, of many anatomical stigmata, among which were: under height, left handedness, ears abnormally large, unsymmetrical with absence of roll of helix, webbed toes, etc., besides a number of physiological and psychical stigmata, all of which were considered, and justify the conclusion of degeneracy, or a psycho-neuropathic state—disequilibrium of the nervous system, which is characteristic of the impulsive insanities, *i.e.*, kleptomania, pyromania, dipsomania, erotomania, etc., being especially marked, according to some authors, in erotomania, under which sadism is classed.

The announcement of our censor that "it is an undeniable fact that the signs of degeneracy by themselves no longer excite the respect that they once did," is but a theory,

*Sadism, Alienist and Neurologist, August, 1906.

"not a condition," which remains to be proven. How, when and by what authority this revulsion?

We are not unmindful of several published articles of criticism and admonished of what was called the "excesses," or extreme views, of the "Italian school;" one, in 1902, by so able a writer as Spitzka, is worthy of mention. However, these were not intended as a blow at the science of criminal anthropology, which is too firmly established to receive even a "shock" from the impact of its most prejudiced enemies.

As a matter of fact, to those having a proper conception of degeneracy, its importance is, if undergoing any change, in the ascendency. It was only during the last decade of the past century that it found a place in our text-books, and quite recently that any considerable space has been given it, until now many works on diseases of the nervous system devote a full chapter to the subject. Even with this the subject cannot be exhaustively treated, so that special works on criminal anthropology, criminology, degeneracy, etc., are necessary for him who desires more than a smattering of knowledge on the subject.

The status of degeneracy, is summed up in the following quotation from Peterson and Haines:* "The question of degeneracy in its medico-legal relations has come into greater and greater prominence in recent years, owing to the researches of numerous investigators in the rich fields afforded by asylum, the reformatory and the prison. It is now apparent that insanity, imbecility, drunkenness, epilepsy and criminal tendencies in antecedents may with or without modification or intercourse, become the woeful heritage of the children; that there is a proclivity in a tainted family to the progressive deterioration which we call degeneracy may often be recognized by the signets of morbid heredity set upon the victims. The writer believes the subject of such importance to both physician and lawyer that it is accorded a special chapter [25 pages] in this book, and the chapter is founded upon the studies he has made and published elsewhere from a considerable experience in reformatories, prisons and institutions for idiots and insane."

The anatomical stigmata of degeneracy are apt to be confounded with deficiencies and deformities, hence may be overlooked by the tyro in this branch of science. Not only does degeneracy result from tainted ancestry, but may result from prenatal influences† and environment. The sequential environment of the child of neuropathic parentage, is not only productive of a profound neuropathic and psychopathic state, but is a potent factor in the production of insanity itself; hence sociological factors are also to be considered.

Our critic commends us for our refusal to answer a hypothetical question bearing upon the prisoner's sanity on the day of the alleged crime unless we were permitted to take into consideration the crime itself, in the following language: "It is obviously ridiculous to exclude from an expert's body of data, just the act upon which the decision must in a large measure rest, and just the act for which the defendant is brought into court, and for which the plea of insanity is brought. "The expert very rightly declined to answer the question unless he could connect it with some act that was presumably insane."

However, our reply to a hypothetical question containing this "missing link"—this "act upon which the decision must in a large measure rest," together with other more or less confirmatory data, evokes the following (consistent!) comment from our critic: "If the experts who answered this question in the positive held a logical and consistent position, then their diagnosis of this man's insanity was made upon the bases of the facts stated in this question, because one of them, as has just been seen, refused to answer the question on the facts that were obtained in the physical and mental examination of the defendant. . . Now, it is seen at a glance that the hypothetical question has absolutely no value whatever." To be brief, it contained all that was necessary to make a diagnosis of impulsive insanity, viz., our clinical examination together with the impulsive act.

We need not remind our readers that the diagnosis of the impulsive insanities is not made alone from a physical and mental examination of the subject, since uncontrollable motor acts are not necessarily accompanied with perceptible involvement of either the intellectual or emotional spheres; in such cases, the clinical examination may disclose only a neuropathic state, the diagnosis of insanity being made from the past history of the individual, ancestry and prenatal influences in conjunction with the act itself, i.e., from the sociological, anthropological and clinical data. The author reported such a case* of exhibitionism coming under his care, in which the diagnosis was made solely upon the act and an acquired neuropathic condition from overwork and loss of sleep, as there was "no hereditary predisposition, no previous serious diseases or injuries, and habits and mode of life good."

*Text-Book of Legal Medicine and Toxicology, 1903, Vol. I, page 544.

†De Fursac, Manual of Psychiatry, et al.

*Vide, Erotomania, Alienist and Neurologist, February, 1905.

Of the two associate experts who testified in this case, one was none other than a member of the commissioners in the case under discussion.

In an article on "Insanity of Conduct,"* Dr. Geo. H. Savage writes, . . the world, more especially the legal world, is loath to allow that insanity is often to be judged of by the acts of the individual rather than his words.

"They all allow that an incoherent person, or one with a marked delusion, may commit an act of violence as a result of the mental disorder, and be excused thereof; but they will not admit—even if they recognize—that an act may be the one insane symptom."

We shall now quote this "absolutely valueless" question, which was propounded to our critic, the only difference was the substitution of his (negative) clinical examination for our own, his reply to which again discloses his consistency(?): "Now, I will ask you this, doctor: assume that a young man about twenty-two years old, whose father for a period of over twenty years had manifested monthly an extreme passion toward the mother of the subject, beating her and frequently driving her from her home during the period she was pregnant with the subject; who, when the subject was six months old, hit said subject in the face with his fist; who, when said subject was nine or ten years old, hit said subject a violent blow on the ear, causing thereby blood to flow from said ear, which lasted for a period of about two weeks; who again, when said subject was about twelve or fourteen years of age, struck said subject a violent blow in the ear; that when said subject was about sixteen years old stripped him naked and beat him violently with a horse whip [butt-end of "blacksnake"] resulting in said subject being sick with bladder trouble for a period of about a month [necessitating catheterization] and rendered unconscious at the time, the father quarreling frequently with said son, resulting in said son having to leave home; that said father was ultimately fined for striking his wife; said father frequently quarreling with his daughters, throwing on one occasion a cup of coffee at one of them, or a cup of tea. Assume that the party when twenty-two years old was charged with assaulting with a knife a woman fifty-six years old, in the city of St. Louis, was placed on trial for assault to do great bodily harm; what do you say as to the sanity or insanity of that assumed hypothetical subject, together with your examination of this defendant; would you say whether he was sane or insane?"

*The Journal of Mental Science.

Our critic "declined to answer the hypothetical question," saying "that he could not determine from the data contained in it whether such an individual was sane or not." This was the question which was "valueless;" then, since our critic expert had declared the man sane upon his clinical examination, why was not this hypothetical subject sane? Medically and legally one is sane until there is evidence to the contrary; hence, if this question contained no evidence of insanity, he was still sane. Now, to this hypothetical question, was added the following by the prosecution, "take into consideration all the facts stated by Mr. Porter" [attorney for defense], "and in addition that the defendant had worked for some two years at Granite City in a stamping mill, in a responsible position and following that by working at the cooper's trade in a responsible position, and then following that for three years as checker in Priester's restaurant here in the City of St. Louis, then following that by immediately going over to Specht's restaurant and working there as checker, a responsible position, on and up to the afternoon of the 22d of January, the date of the commission of this offense, and then about 6 o'clock, or a little after in the evening, he runs against Martha Young and jabs her in the fleshy part of the hip or thigh with a knife, and immediately flees from that place and is caught about a block distant away, and is accused of taking her pocketbook, which he denies; and denies that he had a knife, and, furthermore, is found at that time to have been drinking intoxicants; what would you say was the condition of that man as to his sanity at that time?"

To this our critic expert replied: "The addition that you made makes the evidence in respect to his sanity much stronger." With no evidence, as he formerly asserted, that he was other than sane, how much stronger could the evidence of sanity be and still not sufficient to constitute sanity?

We epitomize our critic's conclusions as follows: A "legally" sane man is found upon a "physical and mental examination" to be "medically" sane, to which a "valueless" clinical history is added and his mental condition becomes undeterminable, though more (really negative) data, "makes the evidence as to his sanity much stronger."(!) Thus is exhibited the kaleidoscopic views of our consistent brother.

Notwithstanding our critic believes that, "if the expert has any office to fill, it is certainly that of making clear to the jury the facts of the medical side of the case," he left the hypothetical subject swaying "on the fence," an "easy mark" for the jury who by

one fell shake and a "heads I win and tails you lose," could quickly decide the prisoner's fate without "fear or favor," assured that no matter what the result, it could not be incompatible with the expert medical testimony.

Nothwithstanding the term "imperative act" appeared in the written report of the state's commission, while "irresistible impulse" was conspicuous by its absence, its use upon a single occasion by the defense receives a stinging (?) rebuke from our "critical analyst, who then "adds insult to injury" by criticising the expert using it, for not explaining "how much of insanity is contained in the phrase," yet in the same paragraph, erroneously accuses the same expert of "prolixity" because he did explain to a jury of layman that an uncontrollable act was an insane act.

Our critic writes, "it is questionable if the expert testimony in this case had any special weight with the jury either one way or the other," to which we are able to say we have "ex cathedra" evidence that it not only had weight in reducing the promised sentence of fifteen years in the penitentiary if the prisoner would plead guilty, to the nominal sentence of six months imprisonment, but would have acquitted him had it not been for the influence of public opinion.

Further consideration of this critique is certainly unnecessary—"a word to the wise is sufficient."

To all points at issue not specifically treated, we enter a "general denial," though ready to defend our position in toto should occasion demand, and we are extended equal courtesy with our opponent to space in the periodical in which his article appears, over which, by virtue of his association, he holds a censorship for all articles pertaining to the nervous system.

Linmar Building.

CHEAPENED WOOD ALCOHOL.—Denatured alcohol is now a fact but the price of wood alcohol has constantly dropped to such an extent that it is a serious rival to the new form of grain alcohol. What is more, wood alcohol can be handled by the retail druggist without any special permit and he avoids the needless red tape surrounding the retail dealer in denatured alcohol. It will be interesting to note the future of both wood alcohol and denatured grain alcohol. Wood alcohol has long been recognized as a poison. Will it now prove a poison in a new role by putting to death the recently born denatured alcohol in the United States?

SELECTED ARTICLE

THE SYSTEMATIC TREATMENT OF SYPHILIS.*

WILLIAM S. GOTTHEIL, M. D.

NEW YORK.

Dermatologist to the City Hospital and Lebanon Hospital; Consulting Dermatologist to Beth-Israel and Washington Heights Hospital, etc.

THE treatment of syphilis is a large subject for a single paper especially for one who is a firm believer in the efficacy of brevity in medical statement. I am emboldened to undertake it however by the facts that in regard to its main features there is a practical unanimity of opinion not invariable in our therapeusis and that the not inconsiderable experience of a number of years enables me to formulate my own ideas on the subject with considerable succinctness. It is customary to decry routine treatment and to expatiate on the necessity of individualization; but the practitioner knows the advantages of a regularly formulated place for ordinary cases; and of none is this truer than of leutic infections. I shall consider first the prophylactic and abortive measures that may be taken then the local treatment of the chief lesions and finally the generally constitutional treatment of the disease.

The Prophylactic Treatment of Syphilis.—I regard it as a settled matter in our English-speaking countries at all events that prophylaxis of syphilis by means of the public authorities is, save in a very limited and restricted degree, thoroughly inadvisable and entirely impracticable. Theoretically a common and dangerous infection entailing such disastrous possibilities to the individual, the family and the community is a matter that the government, state or municipal should regulate. Other infections infinitely less dangerous have of late been taken under the protective wing of our Boards of Health. But we are dealing with a disease usually acquired sexually and under circumstances of secrecy; whose existence is looked upon by the laity rather as a reproach than as a misfortune; and one in which the right to secrecy would, I think, be protected by the law. Hence all proposals of official notification of diseae or of regulations of registrations or isolation, or of forcible treatment or interference with social or civic opportunities, seem to me to have an interest that is purely academic, and to be entirely outside the range of practical action.

*Read before the Medical Society of the Borough of Bronx, November 14, 1906. Reprinted from the Post-Graduate of February, 1907.

The same may be said of the state regulation of prostitiution, which is an admittedly fertile source of the infection. Where it is attempted it does not seem to have diminished the amount of leutic disease; and it involves so much interference with personal liberty, and such an extension of governmental authority, that is cut of the question under our present social conditions.

Only in a few directions can the state help to prevent the spread of syphilis. The supervision of minor operations liable to be undertaken by unskilled persons, such as vaccination and circumcision, and of such industries as glass-blowing and cigar-making, where the chances of contagion-transmission are great; and the making of adequate provision for the care of the infected poor; these are to my mind the very evident limits to state interference in the matter. And even in this limited field of action the authorities have been extremely backward. In our great city all the so-called public-hospitals, with one exception, refuse to take cases of syphilis; there are thousands of active cases, and the only provision for them is a few beds in the City Hospital.

In point of fact the one way in which the spread of the leutic disease can be hindered is by the more general education of the laity in its dangers and in the best means to avoid infection. It is the physician's duty to instruct his patients, when occasion offers, how to escape the danger; and though I cannot cite facts in proof, I am convinced that many cases do escape by virtue of simple precautions. Were it otherwise a single prostitute with vaginal mucous patches would be the source in time of hundreds of cases; and there would not be the multitudes of men that there are who have intercourse almost promiscuously, and yet escape the venereal infection.

Of the precautions to be employed for personal prophylaxis thorough cleanliness is the chief; I have no doubt at all that many an infection has been avoided by the use of soap and water, and I am not prepared to reject the idea of there being some efficacy in the use of antiseptic washes after intercourse. Condoms of course are useful. Overlong or tight prepuces, tending to keep the glandular mucosa delicate and vulnerable, and favoring the retention of virus accidentally received, are to be ablated.

The question of the marriage of syphilitics is an important point as regards the prophylaxis of both personal and hereditary infection. I cannot do better here than to repeat the conclusions that I printed in 1901 in my book on syphilis, since I have not found reason either to change or amplify them:

1. Syphilitics may not marry during the primary or secondary stages of the disease, or so long as generalized and therefore admittedly contagious lesions continue to appear.

2. Syphilitics may marry when the disease is in its tertiary and non-contagious stage, or when, after proper treatment, one full year has elapsed untreated without the appearance of any lesions.

This makes the shortest time limit three years post infectum. There is a tendency in certain quarters to extend this time to five or six years, and perhaps it would be safer to do so. But as usual we have to compromise between the desirable and the possible. We are doing well enough if we persuade our patient anxious to marry to conform to these limitations, and we run but little risk of error.

The Abortive Treatment of Syphilis.— Abortive treatment is out of the question by the time that a positive diagnosis of lues can be made; so that a better heading would be "Abortive Treatment of 'Suspected' Syphilis." On this subject I have had reason to change my opinion of late years. I formerly held the commonly accepted one that destruction of a suspicious lesion was inadvisable, since it was entirely ineffective, and obscured and disarranged that orderly procession of phenomena of the disease on which alone a positive diagnosis could be made. But I have met at least two cases in which the excision of an apparently perfectly typical initial lesion was followed by entire absence of subsequent infection; and I have recently had an experience in my own person that was instructive. Immediately after making an intramuscular injection in a florid case of early secondary syphilis I accidently plunged the needle into my right thumb deeply enough to bring out a minute droplet of blood. I found that I could not manipulate the galvano-cautery accurately with my left hand, and there was no immediately available help. I therefore took a suitable glass rod and made a fine point in the Bunsen flame. I then dug into the lesion repeatedly with pure nitric acid, not an especially painful process. About half an hour after the infection I had a good deep nitric acid burn, taking weeks to heal. The inoculation was sixteen weeks ago; I have so far, and I believe permanently, escaped infection.

It seems reasonable and probable to suppose that early removal of the chancre may in some cases prevent systemic infection; nor are the numerous recorded failures arguments of moment against it. For failures are emphasized by the prompt appearance of secondary symptoms, whilst successes always

leave the question of an actual infection in doubt. But the benefits of a possible escape are so enormously great, and the disagreeabilities and dangers of the abortive procedures so infinitely small, that even if the chance of success is only one in one thousand, it should be given the patient in suitable cases. Even if general lues is not prevented, the removal of a large infection focus and the substitution for it of a clean lesion cannot be anything but a service to the patient.

Excision and suture is the best method. A few drops of eucaine are injected, or a little ethyl chlorid is sprayed; the suspected lesion is seized with a mouse-toothed forceps and ablated with the curved scissors. Lesions on the glands can be thoroughly destroyed with the galvano-caustic point or with one of the mineral acids.

The Local Treatment of Syphilis.—Taking the various lesions in order we have first:

The Chancre.—Cleanliness and a dusting powder is the chief thing required in most cases. Calomel alone, or mitigated with bismuth or starch, is best, and the mercury in it seems to be useful in hastening the absorption of the syphiloma. A wet bichlorid dressing is effective, but too troublesome in most cases. Where there is much ulceration, showing the presence of a mixed infection, I use a 10 to 20% xeroform powder or salve; iodoform being objectionable for obvious reasons. Phagadenic or gangrenous sores require destruction with the galvano-cautery or chemicals before other remedies are applied.

The Adenopathy.—This requires no especial treatment as a rule, though the patient may demand it when the sclerosis is extragenital as on the lips, and the glandular swelling is a very apparent deformity. In these cases I use a 5 to 10% guaiacol ointment, or iodin, preferably in the form of the 6% iodin vasogen.

The Syphilodermata.—The macular and papular eruptions on the covered parts of the body require no special treatment; but on the face and hands their disappearance may be hastened by the use of the calomel and starch dusting powder or the officinal white precipitate ointment. The papular exanthem is rather liable to appear on the forehead in a very tell-tale and obstinate form; and here it may be necessary to use mercurial ointment, either alone or mixed with white precipitate, or an ointment or oily solution of the oleate of mercury, to hasten its disappearance.

The tubercular and pustular syphiloderms, together with the gummato-ulcerativ lesions of the later stages of the disease require more energetic treatment. Mercurial plaster or ointment, stronger preparations of the oleate (20 to 30%), calomel in 1 to 8 of simple ointment; these are among the suitable preparations.

Mucous Patches.—These often very obstinate and troublesome lesions may be largely prevented by having all our syphilitics have their teeth put in perfect order at the very beginning of treatment, the routine employment of antispetic mouth washes and the avoidance of tobacco, sharp condiments, and other sources of local irritation. Lesions already present should be treated daily, if possible; for I am convinced that the mucous patch causes a greater number of infections than does the chancre itself. They can be touched daily with the nitrate of silver stick, or with pure chromic acid fused on a probe. A bichlorid mouth wash, 1 grain to 6 ounces of water, is a good standard mouth wash to prescribe in these cases, the patient being of course warned not to swallow any of the solution. I have found it very useful to treat obstinate lesions of this nature with strong sublimate solutions, 1 to 4%; of course this must be done by the physician only; it causes considerable pain, but usually also marked improvement. All the foregoing applies to mucous patches of the vagina as well as to those of the mouth.

Condylomata and Moist Papules.—Located where cleanliness is especially difficult to secure, and indeed owing their existence largely to the impossibility of getting it satisfactorily, soap and water are most essential parts of the local treatment of these lesions. Larger growths may be touched with nitric or chromic acids, or with the acid nitrate of mercury. Calomel in powder is especially efficient since it has a dessicating and shriveling as well as an antileutic effect. The old formula of salicylic acid and tincture of cannabis Indica in flexible collodion, so effective in the non-leutic hyperkeratoses, and with a small proportion of bichloride added, is very serviceable in condylomata not situated upon the delicate mucosae, as under the breast and between the toes.

The General Constitutional Treatment.—I presume that this audience is familiar with my views upon this subject in general, and the technique that I employ so I shall confine all my attention to certain points in connection with it that do not seem to be well understood. Advocating, as I have done for years, the intramuscular injection of the insoluble mercurial compounds of mercury as the most reliable, easy, and innocuous method of administering the drug, the ques-

tion that first arises is, is it applicable to all cases. Categorically answered, no. In nine syphilitics out of ten it is the method of election on the part of the patients as well as the physician. It is not usually desirable for children affected with the hereditary form of the disease, on account of the unreasoning fear occasioned in them by the manipulation. I treat these cases by internal medication as a rule; but I do not hesitate to resort to the injections when the presence of serious or obstinate lesions, or the involvement of important organs make it necessary. Infantile syphilis, also, is better treated by mercurial baths, inunctions, or oral medication; both for the reason above stated and because the muscle masses are small and their structure very delicate.

In adults contraindications to the method are met with but very exceptionally; in my personal experience in not more than one or two cases in every hundred. In very rare instances you find a man whose buttocks are so small, glutei so thin, and fat so deficient in quantity, that it is difficult to find a suitable site; and such cases are liable to suffer more than the usually very slight inconveniences from the pressure symptoms following the operation, on account of the absence of a sufficient protective layer of adipose tissue. Once in a very long time also you will meet a hyperesthetic and usually neurasthenic patient, who will complain of the "dreadful pain" occasioned by the injections. Not a single woman has been amongst the few patients of this class that I have encountered; in fact women stand the treatment exceptionally well, and do not complain at all; possibly on account of their well-developed and well padded gluteal muscles.

The next question is as to the amount and duration of the mercurial medication. My rule is to inform the patients when treatment is begun that three years of intermittent-continuous treatment is required. In a straight uncomplicated case I give 12 injections at intervals of ten days between each; then I suspend treatment for six to eight weeks, and then give another similar course. This, with the interval of suspension following brings you to the end of the first year. During the second year two similar courses are given; and during the third year one or two courses, dependent on the symptoms that the patient has shown. During the second and third years it is proper to give one of the iodides in moderate dose during the mercurial course, suspending it also during the intervals of treatment.

Of course such a scheme as this is useful only in a general way, and must be modified in practically every case to meet individual requirements. In the earlier stages a severe type of initial lesion, extensive exanthems especially of the larger tubercular or pigmented types, obstinate cephalalgias, bad anginas and recalcitrant mucous patches, excessive osteocopic pains, iritis, in fact any exaggeration of the so-to-say ordinary mild evidences of the presence of the infection, are the indications for increased vigor of medication. In the later stages extensive gummata of the skin, syphilomata involving important organs like the nose, the palate, or the penis, bone lesions like periostotis, osteochondritis, and osteitis, or involvement of the internal organs, nervous system, etc., have the same significance. The intensity of the medication required is dependent upon the extent and urgency of the symptoms.

Increased mercurial medication is better given in the form of more frequent injections than of increased dosage at a single session. From five to ten drops of the 10% mercury-salicylate-albolene suspension that I employ is about as much of a foreign body as I care to inject into the muscles at one time and in one spot. By selecting a different one of the six eligible points in the glutei, and which I have indicated in a recent article (New York Medical Journal, June 30, 1906) the injections can be given twice a week and it will still be three weeks before it becomes necessary to return to the first spot. Of course the mercury deposited in the tissues is not entirely dissolved and absorbed in three days, and care must be taken to watch for the possible advent of first signs of systemic saturation with the drug in the gums, and the injections stopped as soon as they appear. I have given injections twice a week in some cases, and have had no trouble from them, save beginning salivation once or twice. But it is only very exceptionally that such intensive medication is necessary. The action of the injected drug is so prompt that even the severest lesions yield marvellously to injections given once a week. But when a patient comes to you, for instance, with a large gumma of the palate that has already softened and is on the point of breaking, it is worth all the comparatively small dangers of a possible salivation for you to preserve the integrity of the roof of his mouth for him.

Whilst mercury is the remedy for all stages, even the very latest, of the syphilitic disease, intensive medication in the so-called tertiary stage requires that the iodin be pushed as well. The ordinary dosage is entirely insufficient. With obstinate lesions or serious complications 150 grains of potassic iodid daily is a small dose; I frequently give 300, and I have administered as much as 900 grains. And I want to call attention

here to the availability of the rectum as a portal for the iodic medication where the stomach proves rebellious or where the daily dosage is so great that it cannot tolerate it. After cleansing the rectum as for a nutrient enema, a dram or more of the saturated solution of the iodid, well diluted with four to six times the amount of milk and water is, when carefully and slowly introduced, well retained and rapidly absorbed.

In the course of an extended experience with the injection treatment of syphilis I have met with a very few patients who have complained of what they call a reaction after the injections. They have spoken of a feeling of chilliness, followed by fever; but I have never been able to satisfy myself that there has been any real rise of temperature. Nothing of the kind has been noticed where the patients were under continuous medical observation, as in the hundreds of cases that have had the treatment in my wards at the City Hospital, or in Lebanon, Washington Heights, or Beth-Israel Hospitals. And I have notice that the patients who complained of reaction were neurasthenics who had read a good deal of popular medical literature, who observed their own symptoms with the greatest closeness, and who were "experts" on their own particular diseases.

In conclusion I can say say that when I started to write this paper I felt a good deal like the little girl in the essay class in school when the teacher said to her "Your theme is immortality, and your time is ten minutes."

Do not be in a hurry to perform primary amputations after severe traumata of the extremities. First, combat the shock and prevent hemorrhage. Keep the wound as clean as possible and only when the patient has quite recovered from his shock (at the end of a few days or more), perform the amputation. —Amer. Jour. of Surg.

Abortion a Legal "Nuisance."—Discouraged by the difficulty of convicting persons accused of criminal abortion, the New York District Attorney's office has tried the experiment of charging such offenders under the nuisance law. A midwife was tried recently under the code provisions relating to common nuisances, and was sentenced to a fine of $500 and a year's imprisonment. A witness who had been employed in the prisoner's house testified that in three months fifty women had been operated on, and one had died. By this procedure the State is not restricted to the very precise line of inquiry laid down for capital proceedings, and can reveal the general character of the accused person's practice.

Be very guarded in the prognosis of ulceration on the sole of the foot in diabetic or tabetic patients, no matter how small or trifling the ulceration may be. They persist for long periods and may even never heal.

The Cause of Common Baldness.—Delos L. Parker (Med. Rec., Feb., 1907) states that common baldness accounts for more than 90 per cent of all cases of baldness. He discusses in this paper a theory that makes common baldness depend for its existence upon a double cause, one being the remote or fundamental cause represented by the absence of upper chest breathing, a condition that allows a poisonous substance to develop in the lungs; the other, the direct or exciting cause, represented by the effect produced by this poisonous substance circulating in the blood. The writer offers much interesting evidence in support of his theory.

The Bacteriology of Acute Rheumatism.—L. A. Conner, New York City (Jour. A. M. A., Feb. 2), reviews the literature and theories of the bacterial etiology of acute rheumatism. He concludes that while we are justified in accepting rheumatism as a specific infectious disease and not merely as an attenuated pyemia caused by the common pyogenic organisms, and while there is considerable evidence in favor of the view that it is caused by a specific diplococcus or streptococcus, positive proofs of the specificity and identity of the organism and its causal relation to rheumatism are still lacking. Achalme's bacillus, he believes, has no etiologic relations to the disease.

Fresh Air Treatment in Hospital Wards.—W. Gilman Thompson (Med. Record, Feb. 9) presents various conclusions on this subject, among which are the following: Ward heating and ward ventilation should be capable of independent adjustment at all times. The night temperature of the ward should be at least 5 deg. F. below the noonday temperature, which latter should not be above 68 deg. F. or 70 deg. F. The ward windows should have transoms and one or two movable separate panes. The window should be light enough to be easily handled. The wards should communicate with balconies or porches. The building of very large wards should be discouraged. The windows of the ward, even on the coldest day, should be opened at least twice daily. Day rooms should be provided for convalescents. The ward should have at least one accessible heater. The house staff and nurses should receive instruction concerning ventilation and should be made to put it into practice in the wards.

The Medical Society of City Hospital Alumni

President, LOUIS H. BEHRENS, 3742 Olive Street
Vice-Pres., WALTER C. G. KIRCHNER, City Hospital
Secretary, FRED. J. TAUSSIG, 2318 Lafayette Ave.
Treasurer, JULES M. BRADY, 1467 Union Avenue

CHAIRMEN OF STANDING COMMITTEES:

Scientific Communication, Wm. S. Deutsch, 3135 Washington Ave.
Executive, A. Ravold, Century Building
Publication, W. E. Sauer, Humboldt Building
Entertainment, Frank Hinchey, 4041 Delmar Ave.
Public Health, R. B. H. Gradwohl, 522 Washington Ave

OFFICIAL TRANSACTIONS.

HYPO- AND HYPER-THYROIDISM, WITH PRESENTATION OF CASES.*

GIVEN CAMPBELL, M. D.

ST. LOUIS.

I MUST apologize for the appearance in my title of a coined word; hypo-thyroidism is not, as far as I know, in general use. The word athyrea being the usual one employed, yet the cases I want to contrast here are those in which we get on the one hand too great an amount of thyroid secretion, and secondly, a case showing the results of a diminished or absent thyroid secretion. In one of these patients of the first class there is, as you will observe, considerable exophthalmus. You can see the sclera all the way around. The lid fails to follow the downward movement of the eye, and when it does come down it is in a series of jerks. The patient, aged 58, was seen on the 10th of last month. The family are generally nervous people. She has had several attacks of what was pronounced pneumonia. Ten years ago she lost two children and grieved greatly, and two years ago she lost a son, then her daughter, and then her mother died. She nursed all of these and grieved greatly in addition to the physical strain. She also had trouble with her husband, he also died. In the winter of 1905 her friends noticed the protrusion of the eye. She got out of breath easily, and there was distinct weakness. In January, 1906, she began to emaciate. She weighed 195, and now in November, 1906, she weighs 146. Often her knees give way, the left most frequently. She is also subject to attacks of vomiting and diarrhea, something not present formerly. There is also tremor of the hands. She has no enlargement of the thyroid gland that I can make out. Her pulse is 120. There is some pulsation of the arteries of the neck. There is a distinctly increased arterial tension. The patient also has nephritis. Possibly that accounts for the higher pulse tension. Another thing that is interesting is that the patient looks surprisingly younger than her years. The only other patient was struck with as being phenomenally younger than her years was also suffering from exophthalmic goitre.

CASE II.—In January of the present year the patient commenced to notice an enlargement of the thyroid gland and about that time she became nervous. The pulse averages about 120. There is distinct tremor of the hands, the skin, is warm she perspires freely and there is no retraction of the upper lid. She is nervous and more irritable than formerly and has become emaciated.

CASE III.—Myxedema.—This patient has gained in weight. The lines of facial expression are more or less obliterated. And the condition that made me sure it was not simply obesity was that in addition to the enlargement of the body was the non-inflammatory tumefaction of the soft tissues of the mouth. The tongue was much enlarged making it difficult to talk. The myxedematous swelling of the pharyngeal tissues caused interference with respiration. She had to sleep propped up with several pillows. She was somnolent. She never perspired. In the cases of hyperthyroidism the patients perspire very freely, they are nervous and emaciated, in the latter there is a general sluggishness. The treatment in this case was the thyroid gland. On the 13th of last July she weighed 220½ pounds and she has gotten down to 191. She rarely falls asleep now during the day, and her rest at night is more comfortable. The swelling of the soft parts in the throat is a characteristic of myxeema.

*Read at the meeting of November 1, 1906.

Physiologic and Pathologic Thyroid Metabolism.

A. E. TAUSSIG, M. D.

(Published January 25, 1907, page 36.)

SURGICAL ASPECTS.

WILLARD BARTLETT, M. D.

THE subject divides itself into those cases where there is an excess of thyroid secretion and the surgical considerations involved when there is an absence of this secretion.

Two distinctive procedures have been recognized in later years in the treatment of exophthalmic goitre. In the treatment of exophthalmic goitre the notorious procedure of division and excision of the cervical sympathetic was taken up by a few surgeons and some surgeons actually saw favorable results. I did the first of these done in America. The procedure did some good it is now supposed simply by interference with the lymphatics of the neck. We have been told that the thyroid secretion is taken up by the lymphatics, and that is the most likely supposition at the present time. The only procedure that has given substantial results is the removal of a portion of the gland or the ligation of several of its afferent blood vessels. The removal of a portion of the gland is in most instances followed by brilliant results. Some patients, however, even after the most brilliant results undergo a recurrence of the symptoms. I recall one case I saw in Vienna. A girl was operated on at the clinic and all symptoms subsided, but in six months there was a complete return of the symptoms. On the other hand it is more interesting to note what has been done for a deficient thyroid secretion. Kocher was the first to transplant thyroid tissue in the attempt to cure cretinism, myxedema and thyroid cachexia. When Kocher was doing his first goitre operation he removed the whole gland, and of course got unfavorable results. In Vienna they got a tetany to which Taussig has referred, and in Berne they got cachexia. One supposition is that those living in different localities are affected differently by the same procedure. The last procedure of this character proposed and the one that has given substantial benefit is that of Prof. Page, of Gratz. This the transplantation of thyroid tissue into the spleen. He believed that the spleen, being a ductless gland, would furnish a home similar to its natural place. About one-third of the animals lived and about one-sixth were greatly benefited. The procedure was to remove half of one of the thyroids and plant it in the spleen, and then later remove the second half of the goitre. He found these animals did not suffer from the symptoms due to the removal of the thyroid. He subsequently removed the spleen with the transplanted thyroid, and the animals immediately died with tetany or some of the other accompaniments of the removal of the thyroid. After 48 experiments Prof. Peyer decided to operate upon a little cretin. The mother had a small goitre. Last December he planted a portion of the mother's goitre into the child's spleen and within six weeks the child, which had been an imbecile, had learned to recognize its mother, in eight weeks it fed itself, at the expiration of ten weeks it could stand by holding on to something; at the end of twenty weeks it was in improved mental condition and at the expiration of six months the child had grown considerably in stature and in every way sufficient improvement was noted to give grounds to hope that surgery may do something in this condition in which up to the present time absolutely nothing had been accomplished by other means.

My own work has been confined to goitre operations. We have had at St. Anthony's several of these cases. With one exception they were temporarily immensely benefited and, with one exception, permanently benefited. One patient died of a kidney affection about three months after operation. Another patient died on the table of hemorrhage. The operation required twenty minutes for its performance. We clamped everything and got away from the trachea as quickly as possible. The patient half awakened, struggled, something was heard to gurgle in the chest and there was all the evidences of oncoming death from mechanical interference with the respiration. As soon as the patient was dead we percussed the chest and found it full of fluid. Evidently some large vessel had burst. I would like to know if there is a general pathological condition of the blood vessels in these cases aside from the condition of the blood vessels in the gland itself.

DISCUSSION.

Dr. W. W. Graves.—As to the after-treatment of cases of exophthalmic goitre; it is the rule now for surgeons to get their cases out as soon as possible, but this is one of the conditions where it is a serious thing to get the patient on his feet again too soon after operation. The patient mentioned by Dr. Bartlett is a case in point. She did remarkably well for the first week or so, then she developed a little cold, a nephritis followed, the symptoms returned and she was dead in six weeks. We know that many of these patients will make good recoveries if we put them to bed, give them forced feeding and keep the bowels open. That seems to be essential. Now, we know that there are striking results sometimes after operation. We can understand how the removal of a part of the gland will bring about a lessening of the symptoms. It seems the ideal treatment would be to remove part of the gland, and then give the patient the rest cure. Both the surgical side of the case and the medical side of it should be attended to. We can see that the condition is partly surgical, but it is the medical man's duty to see that the patient is properly bui up, that his nutrition is improved, so

seems to me the ideal treatment is partly surgical and partly medical. Dr. Campbell mentioned a point well to remember, i.e., the swelling about the fauces, to differentiate cases of myxedema from cases of simple obesity. There is no reason why we should not see this condition about the mucous surfaces. I have seen this thickening on the inside of the cheeks. As far as I know this is an original observation on the part of Dr. Campbell. All these little symptoms are valuable, we make our diagnosis sometimes on the least things, and not on the things that are most apparent.

Dr. Amand Ravold said that he had a young married woman, who had always been robust and healthy until the spring of 1902, when she ran a splinter of wood under her thumb nail, which caused a streptococcus septicemia. She was very sick for several months, but finally made a complete recovery. In February, 1903, she was fat, happy and healthy looking and weighed 130 pounds. He saw her again in March, 1905, soon after his return from abroad, when she came to his office with her husband, thin, anemic, depressed, and presented all the classical symptoms of exophthalmic goitre. Weight reduced to 102 pounds; thyroid gland markedly enlarged and tender, tremor of hands, arms and trunk. Pulse 120 to 130. Marked exophthalmos with external strabismus, wearing spectacles, irritability, etc. First noticed the disease in fall of 1903, and blamed the septicemia of previous year for it. She complained particularly and bitterly of the change it had made in her disposition. In health she had been self-possessed, optimistic and happy, but now she was morose, highly irritable, had lost her self-control, and had become a veritable scold. Her husband confirmed her statements emphatically. She had been treated by a general practitioner, and later by a neurologist, but without benefit. Had steadily grown worse. Rest with careful feeding was instituted and strophantus, bromides and quinine were prescribed. Early in June she was sent to a farm of relatives in southern Michigan, where the rest treatment, etc., was continued until her return in October. She was no better. Study of the literature of the disease showed that striking results were obtained at times with the serum treatment of Moebius, rodagen of Kuhnemann, and the milk of thyroidectomized goats. Thyroidectin was also praised. The fact that the serum of Moebius and rodagen were expensive, and must be used in large quantities for long periods of time, made their use prohibitive. It was decided to purchase a fresh milk goat and thyroidectomize it. Repeated advertisements in the daily paper for fresh milk goats with or without kid were unanswered. Milch goats seemed to be as scarce as Dodo's. Then in May of 1906 thyroidectin, 5 grains in capsules, was prescribed. For the first six weeks, little if any benefit was obtained, and she was again sent to the south Michigan farm for the summer. In July she reported some improvement in her condition, and continued steadily to improve in every way. In October she returned to St. Louis markedly improved in health and strength and disposition. She weighed 128 pounds, a gain of 26 pounds; thyroid smaller, bulging of eyes much lessened; pulse 90 to 100. Anorexia gone, and best of all, her self-possession and happiness restored. Dr. Ravold said that he was well aware, that similar cures occur without drugs, and that one swallow does not make a season, but he reported the case because of remarkable results obtained while using thryoidectin.

Dr. M. A. Bliss.—I am not informed as to the mortality in operations for exophthalmic goitre, but my impression is that it is rather high. I would like some statistics if Dr. Bartlett can give them to me.

Dr. Bartlett.— The results of Mikulicz, Kocher and others gave a figure so low that it was the consensus of opinion that that feature could be entirely neglected. Kocher had 9 deaths in 106 cases, while C. H. Mayo had a still lower mortality.

Dr. Bliss.—I am sorry we have not these statistics. I have had none of my cases operated upon. The experience of some of my friends has been disastrous. Personally I have not had a case die directly from exophthalmic goitre. I have seen some very bad cases, about as bad as they could get to be without having death supervene. By various means I have managed to get them all into a pretty comfortable state. I perhaps have been fortunate. I remember one case. The patient was a girl of 17 who had weighed 130 pounds. After grief from the loss of her mother, her weight decreased to 79 pounds, pulse was 140 to 175; there was a terrific diarrhea, a cardiac murmur, very severe sweats, menstruation stopped and there was nocturnal incontinence of urine. I put her on fermented milk, used intestinal antiseptics, gave her adrenalin chlorid and a thorough rest cure, and she made a splendid recovery. In the four years since then she has remained well but for one slight recurrence. I could cite a number of similar cases. I believe the medical recoveries have been fully equal to the surgical recoveries, and it does not appeal to me that surgery is the route

by which we will finally arrive at the best method of treatment. When we consider that this disease often follows a severe emotional strain, and that the condition is probably due to something circulating in the blood, I believe that we will some day have an antidote. While we should accept the benefits of surgery in the mean time, I do not believe it will be the final method of treatment.

Dr. Walter Baumgarten.—I want to call attention to an interesting experiment made by Rogers and Beebe, of New York, who immunized a rabbit with an extract made of the thyroid removed in a case of exophthalmic goitre. The serum of this animal was injected into another case of exophthalmic goitre, i.e., it was used as acytolytic serum for the destruction of the tissue of the enlarged thyroid gland in the second case, and was shown to have a selective destructive action for the cells of the thyroid. Only a very few cases have been treated in this way, and the method is still in the experimental stage, but it is an interesting departure, i.e., the attempt to destroy the enlarged thyroid instead of removing it surgically or combating it with sera that have to be given continuously in order to maintain the improved condition.

Dr. Louis Drechsler.—I heard this summer from a physician who sent a number of cases to Dr. Rogers that there was a number of permanent cures. I understand that Dr. Rogers treated his own wife by this method, and that she is perfectly recovered. I think we should try the adrenalin treatment. It is at least worthy a trial.

Dr. Jesse S. Myer.—It is a well-known fact that many cases of exophthalmos occur in young women about the time of or shortly after puberty. I have observed several cases in which there was a slight enlargement of the thyroid gland. There was present a tachycardia in three cases, in two an exophthalmos, and in all four there was a tremor. They were all young girls, from 13 to 16 years of age. It has occurred to me that some of the cases of exophthalmic goitre occurring in girls may have their origin in the physiologic changes which they are undergoing at this period. I treated them, therefore, with the same precautions as cases of exophthalmic goitre. One entirely recovered, one has almost recovered entirely, and the other two are improved. While there were usual manifestation occurring at that period, it is merely possible that some cases of exophthalmic goitre may begin through this physiologic condition becoming pathologic. Such patients should be relieved of all brain work and, in fact, treated as beginning cases of exophthalmic goitre.

Dr. M. J. Lippe.—Is it a fact that the blood pressure is lowered in these cases? If it is raised the giving of adrenalin is of course irrational. We all know that there are cases that get well without treatment, so it is not always so severe as to demand these radical operations. As to cretinism, we know that these patients improve mentally after the administration of thyroid extract, but they become morally very corrupt. I want to say a good word for thyroidectine. I know of a case in the practice of one of my friends in which it was given with marked benefit, all the nervous symptoms being relieved. I have a case now under treatment with very marked mental disturbances, and this patient receiving ten grain doses three times a day, is getting very much better. I would like to know if Dr. Luedeking has noticed this change for the worse in the the moral condition of cretins treated with thyroid extract.

Dr. John Green, Jr.—In connection with Basedow's disease, it must not be forgotten that the exophthalmus is not invariably bilateral. For instance, a recent European observer has reported five cases in which the exophthalmus was strictly confined to one side. Recently two new signs of importance have been described: (1) A pigmentation of the skin of the lids (Telleis); and (2) involuntary resistance to eversion of the upper lids. The latter sign brought to the attention of the profession in 1906 by Gifford, may prove to be of extreme value in diagnosis as it occurs frequently before the appearance of exophthalmus. It is assumed to be due to hyperexcitabiity of Mueller's muscle, through irritation of the sympathetic.

Dr. Campbell, in closing.—As to treatment, I agree entirely with what has been said as to the rest cure treatment, and what is to be gained from it. I recommended the use of suprarenal extract six years ago, also use suprarenal extract because, according to Horsely, the suprarenal and thyroid secretions are mutually antagonistic. My experience with it was on the whole not very encouraging. My experience is that thyroidectomy is of doubtful benefit. Dr. Baumgarten's remarks interested me. I agree that the future treatment will be in the line of some physiologic remedy, something in the nature of an antitoxin.

Dr. Taussig.—As regards the blood pressure in these cases, the results of investigation have not been entrely uniform. While the blood pressure is often low, this is not always the case. I want to express my feeling in regard to the great caution we must

exercise in interpreting the results of treatment in exophthalmic goitre. Without any treatment the patients often show a striking temporary improvement. That should make us very cautious in ascribing to any remedy the improvement which may occur in any one case. In spite of the good results obtained by many St. Louis physicians in treating diphtheria by the antitoxin, we were not ready to regard the diphtheria antitoxin as a specific until we had a large number of cases on record. I have had occasion to use rodagen (the dried milk of thyroidectomized goats) in one case of exophthalmic goitre. It must be taken in large doses, one-half ounce daily and upwards, and for that reason it is expensive. In the case in which I tried it we got absolutely no results, though I gave it several months at a very heavy expense to the patient.

Dr. Bartlett, in closing.—It seems that somebody must champion the cause of surgery. Nothing that has been said tonight could be understood to advise an immediate surgical operation in every case of exophthalmic goitre. I do not think that anything that can be cured by other means should be operated upon. Dr. Taussig has hit the nail on the head when he says that certain cases respond to certain treatment, and many do not stay well. Now many of my cases had been cured before they came to me, and some of them had been cured lots of times. When, after being cured several times they do not stay cured then they should give surgery a chance. Now, as to the mortality, Kocher and Mayo have a mortality of about 10 per cent. A man who operates upon but one case may get a mortality of 100 per cent. Where the patients do not remain cured I think it is only fair to take the chances of the 10 per cent. More die treated medically than treated surgically.

EXAMINATION into the nature and cause of discrete hard lymphatic swellings on each side of the neck, along the sterno-mastoid, should include exploration of the pharynx and naso-pharynx for possible new growth. —Amer. Jour. of Surg.

THE total area used for farming purposes in the United States is 841,000,000 acres—an area larger than England, Scotland, Ireland, Wales, France, Germany, Austria, Spain, Japan, and the Transvaal. There are 10,438,000 persons engaged in the agricultural pursuits, while all other industries employ but 18,845,000.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

THOMAS A. HOPKINS,
Managing Editor.

Editorial Staff:

O. E. LADEMANN, Internal Medicine.
JOHN McHALE DEAN, Surgery.
F. P. NORBURY, Nervous and Mental Diseases.
R. B. H. GRADWOHL, Pathology and Bacteriology.
W. H. VOGT, Obstetrics and Gynecology.
WALDEMAR FISCHER, Ophthalmology.
W. T. HIRSCHI, Therapeutics.
A. F. KOETTER, Otology.
T. A. HOPKINS, Genito-Urinary Diseases.
ROBERT H. DAVIS, Dermatology.

Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

A New Practice Act, or What?

IT seems possible that Missouri might have something in line with the modern trend of events in the way of a Medical Practice Act if we are to judge from the number that have been introduced since the opening of the present session of the State legislature. We are not exactly informed as to the number to be considered, but no less than three have been submitted to us for perusal, and approval if possible, and we hear rumors of others.

We have hoped for some years that Missouri might be placed in the right column in the matter of a practice act, and we believe that there possibly might be, among those introduced, just the thing needed to put us there, but it is not definitely determined that the organized profession is yet ready to lend its assistance to even an unquestionably good thing unless it happens to have emanated from within the ranks. If only we could be assured that the best thing possible would be that which is offered within the ranks there would be no reason for apprehension, but this, though probable, is not necessarily a fact. We understand that the State Association and the State Board of Health are forwarding some excellent amendments to the present practice act, which, if enacted, will greatly increase its effectiveness. We are thankful for this much, but isn't there a chance that this was the time for Missouri to have an entirely rewritten and modern practice act? Is there a chance that while we are occupying ourselves with amendments we are missing an opportunity for a new law which others see? Missouri should have a medical law as good as the best, and one which would make every state in the Union glad to establish reciprocal relations with us, but unless we mistake the signs we will

have to possess our souls with patience, for this cannot be until the existing law is so radically changed as to be practically rewritten.

We do not need to suggest to those who have the matter in charge that an unbiased and deilberate consideration of all medical legislation offered is quite within their province, and should there be one among the many proposed laws which seems to meet all the requirements, and should there be a possibility of its enactment, may we not have it rather than try to patch up the one at present in force?

DR. E. P. NORTH.
Surgical Director of The United Railways Co., St. Louis.

The New Surgical Director of the United Railways Co.

THE appointment of Dr. Emmett P. North to the Surgical Directorship of the United Railways Co., which was announced by the directors of the company on February 14th, came as a surprise to many of us, who thought we had a pretty good idea who was to be it, but it was a pleasant surprise, and we are ready to say that we approve the appointment. Dr. North has for some time been in charge of the division work at Park and Vandeventer under Dr. Brokaw, and is thoroughly familiar with the larger work which he now undertakes. His scientific attainments fit him in a high degree to successfully conduct this work, and his innate courtesy and high appreciation of the finer points of social and medical ethics lead many to expect an increased friendliness between the general profession and the Transit work and Transit doctors.

Dr. North is a graduate of the Beaumont Hospital Medical College, he served an interneship at the city hospital, and was for some time in charge at the Southside dispensary. He has been for some six years associated in the railway work, and has rapidly made ihmself an important factor therein; his success explains his appointment.

The Surgical Director's headquarters will hereafter be at Vandeventer and Park avenues. He purposes something of an innovation in the appointment of division surgeons in different sections of the city, to whom emergency work shall be taken. The list of Dr. North's appointees has been announced in the lay press, but as it is largely conjectural we will not publish the list or extend congraulations until the list is confirmed.

The Thaw Case.

THE long suffering public is having another chance to witness the confusion which characterizes our courts in their efforts to get at facts in the Thaw case; the average untutored mind it appears that all kinds of legal barriers are presented obstructing the giving of straight forward testimony, and making confusion where the opposite is desirable. What the outcome will be we cannot conjecture, and, while the case up to the present has developed many points well worth medical discussion, we will spare our readers for the present and perhaps permanently. But a few questions do arise and chiefest among these is the why of all this legal confusion, if a man is evidently trying to tell the truth, and to get out facts why should the State try to muddle his wits? A defendant is supposed to be innocent until he is proven gulity, or so we are told, why then all this vicious prosecution on the part of the State? It appears that the prosecuting attorney, who is the agent of the State, has determined in his own mind that the man *must* be guilty and nothing but guilty, and that this be determined no matter whether it is in conformity with deliberate testimony or not. Such a thing as deliberate testimony from one who has no experience as a witness in the hands of such a lawyer as the New York district attorney is out of the question, such a witness is frequently so frightened by the examination as to be unable to answer the simplest and absolutely apparent questions. No matter what the case, it seems a most hideous thing to juggle with a man's

life through such tactics. But for strong friends and abundant resources the district attorney would long since have had lawyer Patrick electrocuted, and who believes that Patrick was guilty of all that was charged to him, even though he is convicted to imprisonment? This is another case where the State's attorney will not allow the possbility of anything, but guilt, and we believe the State is putting the people out of an expectation that it will give them a square deal.

Whatever may be said of the sanity of Thaw, however much we may deplore his deed, we cannot get around the fact, which has already been made most emphatic in the trial, and which none of the tactics of the State can change, that in the exit of White the world was made cleaner and safer.

Souvenir of the St. Louis Medical Society.

THROUGH the courtesy of Dr. Geo. Homan we have the pleasure of receiving a copy of a very attractive souvenir of the St. Louis Medical Society for the year 1906, the period of Dr. Homan's presidency of the organization. The book consists of the programs and announcements for the year printed on heavy linen paper and bound together with the president's inaugural and valedictory addresses, a list of the officers and committees for the year, a list of accessions to the membership of the society and of the weekly attendance for the same period, and certain financial data. The binding is artistically in harmony with the interior. The year was one of such intense interest in the society's work and marked the inauguration of such a number of ventures which purpose a wider usefulness for the body that it is indeed pleasing to have this record as a souvenir thereof. It is to be hoped that the souvenir may be a regular feature of the completion of each year's work hereafter, the historical value of such books will be great after a few years, and they will have been tremendously well worth while at the time they are gotten out.

Byron Robinson's Silver Jubilee in Medicine.

THE January American Medical Compend is devoted to celebrating the twenty-fifth anniversary of Byron Robinson and it is doubtful if the journal has ever appeared to better advantage. We in America are too prone to belittle that which does not bear the stamp of Europe and it is possibly true that we do not properly appreciate our own fellows who are really doing things; this may be generally true, but in the case of Dr. Robinson his work has been such as to command recognition and appreciation. No American has so firmly established his name among the foremost in anatomical research. The name of Byron Robinson appears not less than forty times in the last edition of Gray's Anatomy; Byron Robinson is making European anatomists discover those in America, for he is doing things.

We regret that the Compend in collecting tributes to Byron Robinson from the four corners of the earth, tributes which are forceful and most evidently from the heart, failed to get an expression from the American medical editor, for the medical editor knows Byron Robinson to love and admire him.

Medical Association of the Missouri Valley at Omaha.

THE spring meeting of this association, which will be held in Omaha, on March 21 and 22, promises to be an event of unusual interest, judging from the many excellent papers already in the hands of the secretary. The evening of the first day (Thursday) will be devoted to the orations on Surgery and Medicine, after which the committee on entertainment has provided a novel informal affair, where in lighter vein the members and their guests will enjoy heart-to-heart talks and relax from the labors of the day in the realm of science. The orators of the evening are Dr. Alex. Hugh Ferguson, of Chicago, who has chosen for his subject, "Thyroid Surgery," and Dr. Robert T. Sloan, of Kansas City, who will speak on the subject of "Gastroptosis." The sessions of the society will be held in the spacious auditorium of the Creighton Institute, 210 South Eighteenth street, while the headquarters will be at the Paxton Hotel, which is most convenient to the place of meeting.

The preliminary program includes the following papers:

"Acute Ascending Paralysis," Dr. Fred. S. Clinton.

"Membranous Croup," Dr. E. T. Shelly.

"Popliteal Aneurism," Dr. W.J. Frick.

"Hereditary Degeneracy," Dr. L.L. Uhls.

"Nephrolithiasis Urica," Dr. A. C. Croftan.

"The Morphine Habit," Dr. W. F. Waugh.

"Non-Poisonous Embalming Fluids," Dr. Frederic Clift.

"A Clinic," Dr. F. E. Coulter.

"Hernia," Dr. David C. Hilton.

"Echinacea," Dr. C. S. Chamberlin.

"Pulsating Exophthalmos Treated by Excision of the Superior Ophthalmic Vein," Dr. Harold Gifford.

"Advantages of the Hospital over the Home in Surgical Cases," Dr. Van Buren Knott.

"Pelvic Abscesses," Dr. W. T. Elam.

"The Non-operative Treatment of Gastric Disease," Dr. Fenton B. Turck.

"Vesico-Vaginal Fistula," Dr. F. A. Long.

"Treatment of Exophthalmic Goitre by Electricity," Dr. R. D. Mason.

"Dangers from the Tuberculous Dairy Cow," Dr. S. R. Towne.

"Some Surgical Digestive Diseases," Dr. A. L. Wright.

"Is Gastroenterostomy the Best Surgeons Can Do for Gastric and Duodenal Ulcer?" Dr. Jas. E Moore.

"Renal Calculi," Dr. Bernard A. McDermott.

"Anterior Suspension of the Uterus," Dr. F. B. Dorsey.

The list of guests who will be entertained by the society at this meeting, includes Drs. Alex. Hugh Ferguson and Alfred C. Croftan, of Chicago, and the presidents of the various State societies within the province of this society, the following named having accepted the invitation to be present: Dr. F. A. Long, president of the State Medical Association of Nebraska; Dr. H. A. Tomlinson, president of the Minnesota State Medical Society; Dr. Edwin T. Ramsay, president South Dakota State Medical Association; Dr. Chas. H. Wallace, president Missouri State Medical Association; Dr. E. W. Clark, president Iowa State Medical Society; Dr. Frederick Clift, president Utah State Medical Association.

The profession cordially invited to be present and take part in the proceedings. This society spends no time in bickering, and has no politics governing its policy; nothing but a laudable ambition to advance the cause of science and good fellowship actuating its members. If you want a program, drop a line to the secretary, Dr. Chas. Wood Fassett, St. Joseph, Mo., who will also give you information concerning the excursion to the American Medical Association at Atlantic City. If you wish to join this society, attend the meeting at Omaha, and put in your application; no red tape about it, and the good that one meeting will do you is worth the price of admission, $2.00. Meetings are held twice a year, in March and September, and the annual dues are only one dollar.

The officers of the society are as follows:

President—Dr. O. Beverly Campbell, St. Joseph, Mo.

First Vice-President—Dr. W. F. Milroy, Omaha, Neb.

Second Vice-President,—Dr. C. O. Thienhaus, Milwaukee, Wis.

Treasurer—Dr. Donald Macrae, Council Bluffs, Ia.

Secretary—Dr. Chas. Wood Fassett, St. Joseph, Mo.

The Arrangement Committee is composed of Drs. W. F. Milroy, Jno. E. Summers, Jr., and Jno. P. Lord.

FAVORITE PRESCRIPTIONS

For Acute Cystitis.—Dr. G. Frank Lydston recommends:

℞ Potassii acetat..... ℥j
Ext. buchu. fl..... ℥j
Sp. aetheris nitros..... ℥j
Codeine. sulph..... gr. iv
Infus tritici repent, q. s. ad.... Oj
M. Sig.: One-half ounce every three hours

Impetigo Contagiosa.—In two boys, exhibiting lesions of acute contagious impetigo, J. V. Shoemaker ordered 10 min. of the syrup of ferrous iodide after each meal; baths in warm water and mercury bicloride soap, followed by this ointment:

Hydrargyri ammoniatae..... gr. x
Thymolis..... gr. i
Zinci carbonatis..... ℥i
Adipis bezoinati..... ℥i

Apply locally twice daily.

In addition, they were directed to have plain, well-cooked, nutritious food, and isolation of the patients was advised.—Med. Bulletin.

Tonsillitis.—

℞ Potass. bicarb..... 4 drachms
Spirits peppermint..... ½ drachm
Spirits camphor..... ½ drachm
Hot water..... 4 ounces
M. Sig.: Use hot, gargle every hour.—Wisconsin Med. Jour.

Pruritus Vulvae.—

℞ Acid. borici..... gr. iij
Acid. carbolici..... gr. iij
Morph. hydrochlor..... gr. i
Lanolin..... ℥ij
M. ft. Ung. S. Apply locally.—Buffalo Med. Jour.

Hemorrhoids.—

℞ Ext. hamamelidis dest..... fl ℥viij
Sig. Apply freely on absorbent cotton after bathing with cold water.

Indications.—Used for external piles after severe pain has been relieved by hot poultices.—Ex.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

THE PRACTICE OF GYNECOLOGY. In original contributions by American authors. Edited by J. Wesley Bovee, M. D., Professor of Gynecology, George Washington University, Washington, D. C. Illustrated with 382 engravings and 60 full-page plates. Philadelphia and New York: Lea Brothers & Co., 1906. The Practitioner's Library.

This book forms the first volume of the three companions dealing respectively with gynecology, obstetrics and pediatrics. The contributors are such well known men as Bovee, Goffe, Miller, Noble, Schenck, Watkins and Werder. It stands to reason that by the collaboration of such eminent observers the subject of gynecology can be treated more accurately and fully than by one single author. Such subjects as disease of the rectum and diseases of the urinary organs, which really are associated so closely with gynecology that they almost become a part of it have received careful consideration. The many illustrations, both of diseased conditions and operations, are excellent. This volume is thoroughly practical and if the following two volumes, those on obstetrics and pediatrics prove to be as well written as the one on hand, they will form valuable additions to the practitioner's as well as to the specialist's library. W.H.V.

PETERSON'S OBSTETRICS. The Practice of Obstetrics. By Eminent Authorities. Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, about 1087 pages, with 523 engravings and 30 full-page plates in colors and monochrome. Philadelphia and New York: Lea Brothers & Co., 1907. (Cloth, $6.00, net; leather, $7.00, net; half morocco. $8.00, net.)

This the second book of the Practitioner's Library is to say the least an excellent work, even though it seems to us that a work on obstetrics at the present time was not absolutely needed; yet it fills a certain gap in obstetric literature, making it a very welcome contribution. The book is very practical, probably more so than any other one on the market. The contributors, Bacon, Crocket, Dorland, Ehrenfest, Huber, Lewis, Manton, Moran, Schenck and Warthin are all well known teachers. The large number of illustrations, so essential for obstetric teaching, are exceptionally good throughout. The chapters on the physiology and development of the ovum are well written, this subject is considered in a very masterly way and yet not so as to confuse the student. The toxemia of pregnancy has received due consideration, and as the author says: The importance in the etiology of toxemia of pregnancy, of the deportation of fetal tissue into the maternal system seems well established. This, however is not the only factor in the causation of toxemia. The products of metal metabolism and toxic substances introduced with the food contribute to the cause. A certain degree of autointoxication must be considered as peculiar to the pregnant state. In dealing with the subject of anesthesia during labor nothing specially new appears, but it is a great satisfaction to see spinal anesthesia condemned until some more satisfactory results can be obtained; spinal anesthesia should be abandoned in favor of chloroform or ether.

The work is entirely too voluminous for a review, but it is to be recommended to every one who wants something on obstetrics that is practical; like its companion, the volume on gynecology. The student or practitioner who has the one should possess the other.

W.H.V.

CONSERVATIVE GYNECOLOGY AND ELECTROTHERAPEUTICS. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia, etc. Fifth, carefully revised edition. Illustrated with 12 original drawings and paintings, 15 full-page half-tone plates of photographs made from nature, and 157 half-tone and photo-engravings in the text. Complete in one royal octavo volume of 567 pages. Extra cloth, beveled edges. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry street. (Price, $4.00, net.)

The demand for a fifth edition within a year of the appearance of the fourth edition certainly shows an increasing prevalence of conservatism in gynecology. Owing to the fact that gynecology has in the last few years become almost exclusively surgical, the beginner is very likely to be led to believe that no other method but surgical will be of any benefit in a given gynecological affection. The gynecologist's duty today is to attempt to treat more of his cases conservatively and use surgical means only in such cases where other methods would promise less or be fruitless. It would be well for every medical man to read this book and obtain an idea of the various ways in which electricity can be used, and oftentimes successfully in treating gynecological affections. Such subjects as the treatment of fibroids of the uterus by the Apostoli method, and carcinoma of the uterus with electricity have frequently been discussed by eminent authors, and are not suitable for discussion here. The chapters are, however, well written and deserve careful study.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A. M., M. D., Philadelphia, Pa., with numerous assistants. With regular correspondents in the principal medical centers in the world. Sixteenth Series, 1906. Philadelphia and London: J. B. Lippincott Co., 1906. (Price, cloth, $2.00 each volume, net.)

The International Clinics for 1906 give a most satisfying resume in detail of the advances of the profession during an eventful year. The value of the Clinics and works

of similar purpose is gaining increased recognition, the multiplicity of medical periodicals precludes the possibility of any physicians, save those who have access to the larger medical libraries, having at their command a survey of the complete field of action except through such mediums as this. These Clinics, appearing quarterly, give a comprehensive view of all that is latest and best worthy of attention in the world's medical literature, they give fellowship with the master minds of medicine and are an incentive to scientific work whatever be a man's situation and surroundings. With such a series at his command to reinforce such journals as every physician is supposed to have constantly visiting him, there is no reason why the man of medicine, even though located in the remoter districts, should not keep himself well read and up-to-date. The series for 1906 completes the sixteenth series of this valuable compilation, the outlook for 1907 is that it shall see even greater things than has the unusual year just ended, and it is certain that those things which are important to our profession will be recorded in the seventeenth series of the International Clinics.

TUTTLE ON DISEASES OF CHILDREN. A Pocket Text-Book of Diseases of Children. By George M. Tuttle, M. D., Attending Physician to St. Luke's Hospital, St. Louis, Mo., etc. New (2d) edition, thoroughly revised. In one 12mo volume of 392 pages, with 5 plates. Lea's Series of Pocket Text-Books, edited by Bern. B. Gallaudet, M. D. Philadelphia and New York: Lea Brothers & Co., 1907. (Cloth, $1 50, net; flexible Leather, $2.00, net.)

It is but natural for any community to feel a degree of pride in the successful work of those who are its leaders in the various walks and it is especially in scientific literature that the professions find evidence of what the local savants and teachers are doing. The St. Louis profession has been liberal in its contribution to recorded medical literature, as evidenced in the medical press, and never have we been able to command the respectful hearing that is ours today; but in more pretentious works, we have to content ourselves with quality rather than quantity; the St. Louis profession has given the world few books, but the few are of an excellence which is pleasing in the extreme. The excellence of Prof. Tuttle's work has carried it through two printings and now to a new edition, revised to represent advances to date. By considering only those diseases and phases of disease which are peculiar to the period from birth to adolescence, the author has found space to present all the essentials of pediatrics within a very compact volume. The various diseases are systematically discussed under appropriate subheadings, the typographical arrangement being such that any desired point may be instantly found. The low price reflects the popularity of Lea's Pocket Text-Book Series, of which this volume is a constituent.

RHYTHMOTHERAPY, or a Discussion of the Physiologic Basis and Therapeutic Potency of Mechano-Vital Vibration; to which is added a Dictionary of Diseases, with detailed suggestions as to the Technic of Vibratory Therapeutics, with illustrative plates. By Samuel S. Wallian, A. M., M. D. Chicago: Ouellette Press, 1907. (Price $1.50, net; postage 10 cents.)

The rapid adoption of vibration as a therapeutic agent has led to a demand for an authoritative work which shall instruct those who would apply this agent intelligently and effectively. To meet this demand Dr. Wallian has offered this volume. The book contains so much that is to the point and of decided value that we regret that it also lacks that polish in spots which one desires before considering it safe to denominate it a literary gem. Still Dr. Wallian is a forceful writer and evidently believes all that he has to say and says it in a convincing manner. He has purposed the volume to be primarily and finally practical and he has dealt in only such facts as he has thought would interest the practitioner, leaving conjecture and theorizing to others. Certainly vibration has come to stay, and while this is a pioneer work on the application thereof it is vastly useful, and will lead to other and more complete works later. We believe it should be read by every physician who employs vibration in his practice.

PLASTER OF PARIS AND HOW TO USE IT. By Martin W. Ware, M. D., Adjunct Attending Surgeon, Mt. Sinai Hospital, New York, etc. 12mo, 72 illustrations, about 100 pages. New York City: Surgery Publishing Co., 92 William street. (Cloth, $1.00.)

This is one of the most useful books ever presented, not only on account of the general demand for the information and instructions upon the subject which this book so explicitly, practically and comprehensively covers, but because this knowledge was not previously available except from such a vast experience as enjoyed by Dr. Ware, or, in part, by reference to many books on allied subjects. It is a vivid narrative, profusely illustrated, of the many uses to which plaster of Paris is adaptable in surgery. The whole subject, from the making of the bandage to its use as a support in every form of splint, corset or dressing, is graphically described and illustrated. The use of plaster of Paris in dental surgery is also covered. The book is presented in the artistic manner characteristic of the productions of the Surgery Publishing Company. It is printed upon coated book paper and attractively bound in heavy red buckrum, stamped in white leaf and gold.

THE occurrence of post-operative phlebitis is often encouraged by keeping the patient too long in bed.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly De partment Staff.

DERMATOLOGY.

ROBERT H. DAVIS, M. D.

Vegetating Dermatoses; with Report of Two Cases.—Pusey (Jour. Cut. Diseases, Dec., 1906) reports two well marked cases of this unusual affection, and draws some interesting conclusions therefrom. They were distinguished from pemphigus vegetans, fungoid ring worm, blastomycosis, vegetating syphilides, mycosis fungoides, drug eruptions from bromides and iodides, and dermatitis herpetiformis. The symptom complex of the two cases was strikingly alike, although one developed on patches of an acute eczema, and the other on seborrheic eczematous areas. Each presented exuberant, flower-like vegetations, which were red, partly denuded of epidermis, and from which there was an abundant discharge of serum and pus. The eczematous patches gave rise to considerable itching, the fungating areas to little or none, but rather to tenderness and pain on motion. There was practically no constitutional disturbance in either case. He classes his cases with those previously reported, under various names, by Hartzell, Wickham, Hallopeau and others, but denies, as some of these authors maintained, that the affection is allied to pemphigus vegetans or dermatitis herpetiformis. Wende and DeGroat have reported several similar cases developing on seborrheic, infantile eczema of the face. As to the essential character of the disease, Wende observed that "the first question is whether the dermatitis vegetans is strictly and entirely the result of eczema." But, as such a complication rarely occurs, it seems much more probable that the condition is due to circumscribed, or secondary, infection, and has nothing to do with the primary disease except in so far as the lesions of this furnished a seat for infection. Pusey agrees with this view, and considers Wende's cases as furnishing the connecting link between the vegetating plateaux observed in his cases and the small lesions of granuloma pyogenicum. The pus of all the lesions showed the staphylococcus aurens and the streptococcus, and inoculations from unruptured pustules developed pure cultures of staphylococcus aureus. The explanation of the vegetations seems to be that there occurs a weeping dermatitis of some sort in which infection takes place. The infection may be from various organisms, the essential requirement being that it be of moderate or slight virulence, so that from the bacterial toxins there is produced "a low grade of inflammation with an excessive production of poorly organized granulations." The reason these lesions do not occur more frequently in eczema may lie in the fact that it requires a peculiar combination of conditions to favor the low grade of inflammation required for the production of the lesions noted. The cases quoted by the author healed readily under mild but strict antisepsis, a fact which speaks strongly for their bacterial or toxic origin. The tumors of granuloma pyogenicum, however, do not heal quickly, but this is to be explained by the fact that the lesions in this disease persist for a long time until a vigorous connective tissue stroma forms, which consequently can not be gotten rid of except by destruction, while the vegetating masses on the on hand, are young, and embryonic, and quickly, therefore, disappear when the source of irritation producing them is cut off. (Drs. Fordyce and Gottheil report similar cases in the same issue of the journal, and they also explain the late vegetating lesions on the ground of secondary infection. They incline to the belief, however, that their cases present closer affinities in their earlier stages to dermatitis herpetiformis than to any other trouble, especially pemphigus vegetans. Pusey throws out dermatitis herpetiformis at once in the early differential diagnosis of his cases, which were undoubtedly eczematous at the start.—Ed.)

Researches Concerning the Spirochaeta Pallida.—Minassian (Rivista Venata di Scien. Med., Nov., 1906) reports a long series of cases which he has examined with the following results: Positive findings in 15 out of 17 cases of chancre, 2 chancres of the lips were positive, 6 out of 9 mucous patches in the mouth, and 5 out of 6 mucous patches on the scrotum. Two out of three cases of peronychia and interdigitalis patches were positive, and 3 out of 6 cases exhibiting rhagades at the angles of the lips in hereditary syphilis. In six scrapings from syphilitic roseola, and in six softened gummata the results were negative. Twelve examinations of the blood were negative. (There has been a great uniformity of failure in the attempt to demonstrate the organism in the circulating blood, only two or three observers having reported positive results. Le Lourd and Pagniez have an extended article on various technical methods directed unsuccessfully towards this end by themselves and others, in Annales de Dermat: et de Syphiligraphie, Jan. 1907. They suggest that the fault may be in the hemolytic substances employed altering the spirochaetae, or else the centrifugation

may be ineffective. No reliable means of improving either of these steps has yet been brought forward.—Ed.) In the nasal secretions of five hereditary cases, Minassian had three positive results. The spirochaetae were in very variable amount. The fluid from a blister artificially produced was in five cases, with him, negative, even in a case where the underlying papules showed the spirochaetae. (Levaditi has gotten positive results under similiar experiments.— Ed.) Speaking generally, he found the spirochaetae more abundant in fluid and recent lesions, and less abundant in advanced, suppurating, macerated, or oozing lesions. In searching in the tissues, he got four positive results from five excised chancres. In two cases, one, two and the other six weeks old, in which the chancres were involuting, the results were negative. Excised roseolar spots gave negative findings, as did two gummata. The placenta of a syphilitic woman gave a positive result. In the tissues, the organism is localized either in the epidermis or the corium. Its position is usually in the intercellular spaces, but it may be found within the cells, usually when they are profoundly altered. Its localization corresponds generally to the areas of greatest alteration in the tissues; its distribution is not uniform, and its abundance varies in each case. It is met with especially in the perivascular infiltrations where it occurs singly or in little groups, or heaps. Its penetration into the epithelial cells is probably a passive action due to the degeneration of these cells. In some lesions undergoing involution, the author found little rods, either curved, or with one or two spiral appendages, which he thinks may be the "ultimate expression of degeneration of the spirochaeta before its complete disappearance." (Per Review in Annales de Derm. et de Syphiligraphie).

White Spot Disease and Lichen Planus Sclerosus et Atrophicus.—Montgomery and Ormsby (Jour. Cut. Dis., Jan.,1907) present a review of the previously reported cases and add two of their own, ten cases in all. Of these all occurred in women or girls of whom two were neurotic while the other eight were either healthy or no mention was made of their physical condition. The lesions were limited, in seven of the cases, to, or chiefly occurred on, the shoulders, neck, and upper parts of the back and chest. The characteristic features of this disease are: "(a) the dense whiteness of the lesions; (b) their sharp outline giving the appearance of their being let nto the normal skin; (c) their small size and endency to remain discreet even when closely rouped; (d) the absence of distinct elevation and of the colored border characteristic of morphea." On the other hand, in one of the cases reported by the authors some of the lesions were transformed into typical areas of morphea; and their other case presented from the beginning a band of scleroderma on the leg. Duhring's case also presented the lesions of morphea along with the white spots, and the last atrophic stage of white spot disease does not differ at all from the same stage of morphea, or from macular atrophy of the skin, except that the lesions are small, and, as above stated, do not coalesce. Histologically, in the earlier lesions, there is a destruction of collagen, with lymphocytic infiltration about and independent of the dilated vessels in Johnston's case. In the older lesions, however, there is a connective tissue hypertrophy "with the straight, parallel, closely packed, collagenous bundles, the cell infiltration about the vessels, glands and follicles, and the secondary changes commonly seen in scleroderma." Their conclusions are, that this series of cases present a fairly distinct clinical type, differing markedly from the usual forms of morphea. However, in several cases, the close relationship to this disease was apparent, and, in six cases studied histologically, four belonged to the scleroderma group and the other two showed changes that have at times been recognized in the early stages of that disorder. They, therefore, conclude that the evidence is insufficient to classify "white spot disease" as a new disease, but that it should be considered as an unusual type of morphea or localized scleroderma.

The case of lichen planus sclerosus et atrophicus presented was clinically strikingly like the white spot disease, and morphea. The lesions, consisted of slightly elevated, angular white papules which showed on their surfaces one or several small, elevated, black, comedo-like points, or minute depressions where the black points formerly were. They were situated mostly on the shoulders. The papules may coalesce to form patches, especially on the shoulders. There was no subjective sensation except a feeling of "pulling," as the patient described it. This form of lichen planus differs from the ordinary type chiefly in the white color of the papules, the greater prominence of the horny plugs, and subsequent depressions, and the final atrophy of the lesions. The pathological process is, also more deeply situated than in the ordinary variety, and the marked follicular involvement is not usual in the common type. The narrow zone of pigmentation about some of the lesions bears a marked resemblance to morphea, as has been noted by Crocker. This disease should no

be confused with the more frequently occurring atrophy as a terminal stage of the lesions of ordinary lichen planus. They finally conclude that, despite the undoubted relationship between this form of lichen planus, and morphea and the macular and striate atrophies of the skin, still it possesses sufficient clinical and histological peculiarities to entitle it to recognition as a distinct type of lichen planus which has been denied by many.

Multiple Cancer of the Skin and Keratosis Following the Long Continued Use of Arsenic —Multiple Ulcerations of the Skin after the Protracted Use of the Same Drug.—Schamberg (Jour. Cut. Dis., Jan., 1907) reports a case of multiple cancer following the use of this drug. Hutchinson has long maintained that the long continued use of arsenic may result in epithelial cancer, and Brocq reported a case in 1902. Hartzell advanced the same view in 1899, and found ten cases, in literature, of cancer in patients suffering from psoriasis, seven of whom were known to have taken arsenic over a long period of time. Hyde and J. C. White have each reported a case, also. Brocq's case was not previously afflicted with psoriasis. As to whether the arsenic was responsible for the production of the cancers in the cases cited, opinion differed, but Brocq considered it responsible. The majority of the reported cases of cancer, following the use of this drug, developed upon the palms and soles beneath previously hyperkeratotic areas. The author's case, however, developed on the leg, where there had been no material overgrowth of the horny layer. He considers his case to lend weight to the contention of Hartzell and Hutchinson, and says: "Every one admits that a hyperkatosis caused by arsenic may, in rare instances, eventuate in cancer. May not the long continued administration of arsenic in persons of a peculiar tissue organization so increase cellular activity or so lessen the resistance of fibrous tissue as to permit epithelial invasion of the corium." He warns against the risk of the long continued use of arsenic. Altogether about fifteen cases of skin cancer have been recorded following its protracted use, of which four terminated fatally and four necessitated amputation of extremities or portions thereof.

The other case of multiple ulcerations was even more interesting as the therapeutic test had to be resorted to in order to differentiate it from syphilis. Vigorous anti-luetic treatment produced no effect, in fact several new areas developed under the treatment. First flat blebs, or pustules, would appear form a crust and when this was cast off, a superficial ulceration was left. It accordingly appears most probable that these lesions were due to the long continued use of arsenic. The author was unable to find in literature any record of arsenic poisoning producing persistent ulcerations of this character. However pustules and ulcerative arsenical eruptions have been described, particularly in acute arsenic poisoning where the lesions at times become even gangrenous. Bazin, Imbert-Gourbeyre, and Moreira have reported pustular eruptions following the use of arsenic which terminated in ecthymatous and ulcerative conditions some of which, on healing, left scars.

GENITO-URINARY.

T. A. HOPKINS, M. D.

Albuminuria of Prostatic and Seminal Origin.—W. G. Young (N. Y. Med. Jour., Jan. 5, 1907) reports two cases of albuminuria in the presence of prostatic congestion and mild inflammation without kidney lesion, and discusses the differentiation of this form and albuminuria of nephritic origin. He first eliminates the kidney from consideration microscopically, demonstrating the absence of casts and kidney epithelia; at the same time the presence of prostatic debris (epithelia and leucocytes) and spermatozoa will prompt an examination to determine the condition of the prostate and vesicles. The patient passes his urine in two glasses, but not entirely emptying the bladder. The first two specimens may be clear, or they may show a slight cloudiness, not referable to phosphates or to pus. The prostate and vesicles are then palpated per rectum, and their contents expressed. In these cases the expressed fluid is often sufficient to appear at the meatus. The remainder of the urine is then passed, and is found to be turbid, and often to contain bluish white, translucent, tapioca-like bodies. The urine will be found to give a much more marked reaction for albumin than that passed before massage. He now irrigates the urethra, introduces a catheter and thoroughly cleanses the bladder with sterile water and allowing the catheter to remain, collects sufficient urine for chemical analysis, or better, under proper aseptic precautions he catheterizes the ureters gathering the urine direct therefrom and without the possibility of bladder contamination This urine has been found in these cases free from albumin and makes its origin from the prostate or vesicles certain. The exact source of the albumin is a question; it may be due to the presence of semen, or to

the presence of prostatic fluid altered by the transudation into it of the serum of blood, or to both these conditions. The relaxed, edematous condition found in these cases makes the transudation of blood serum a very possible solution. The subject is to be further studied.

Technique of Operation for Tubercular Testes.—Barnett (Internat. Jour. of Surg. Jan., 1907) gives the following as his technique in the presence of tubercular involvement of both testes: An incision is made over the inguinal canal down to the cord; the cord is opened; the vas deferens isolated; all fascial coverings completely removed. At the site of the internal ring, with the finger covered with gauze and with traction on the proximal end with the other hand, the vas is broken away from any surrounding tissue, and in that manner followed down as far as as the finger will go. At this point it is grasped with the gauze covered thumb and finger and forcibly extracted (it should break near the ejaculatory duct region); the end of the vas is cauterized and clamped on account of possible infection. The rest of the cord is ligated at the internal ring, and the cord with the vas loosened from the canal through the external ring to the upper mesial scrotal region. The other side is treated in a like manner. Now, a Kocher director is passed through either external ring to the scrotum just below the penile junction, external to the raphé, and cut down upon. Through these button-holes the cords and vasa are pulled. After thoroughly disinfecting the hands, on account of the infected scrotum handled, and discarding the instruments used, the inguinal incisions are closed with fine silver wire sutures shotted; then the dressing is applied. This gives the inguinal incision a better chance for primary union than if it were left till after the other field of operation is finished. The reason for tunneling from the external ring to the mesial scrotal region is two-fold: first, to exclude a clean field from an infected one. Second, the superficial external pudic vessels are saved and the benefit of that extra circulation is of importance. The skin and dartos of the scrotum are now incised, leaving only enough scrotum to fill in the gap that is left. A portion of the mass is now double clamped with forceps (without teeth), the lower clamp being applied just above the deep layer of the superficial fascia (Colles, also Bucks), and the tissues excised and clamped, proceeding in this manner until the entire mass is removed. Catgut ligatures prepared according to the Claudius method, threaded with needles, are now applied by making an over-and-over stitch around the forceps, removing the forceps and ligating. A few strands of catgut are left in the dependent portion of the wound for drainage. The breach is now covered with the scrotal flaps, sutured with silver wire, and the dressing applied.

The Differentiation of Smegma and Tubercular Bacilli.—In response to an inquiry the following is given (Jour. A.M.A., Feb. 2, 1907) as probably the most satisfactory method of differentiating these two often confused bacilli: Naturally the most effective is to avoid the possibility of confusion by seeing that there is no contamination of the urine by the smegma bacilli. This can be readily done by securing the urine by catheterization, after careful cleansing of the orifice of the urethra. The most conclusive method in doubtful cases is animal inoculation, the smegma bacillus being non-pathogenic. Various authorities seem to be altogether in disagreement as to the best method of differentiating these two organisms by staining. The whole subject of the occurrence and properties of the smegma bacillus will be found carefully reviewed in an article by Oscar Dahms, in The Journal, April 28, 1900. He subjected the proposed differential staining methods to a careful test, and found that the method of Bunge and Trantenroth gave absolutely reliable results. This is described as follows: The cover glass preparations, without having been previously fixed in the flame, are immersed in absolute alcohol or in a mixture of alcohol and ether for a period of time varying from several to twenty-four hours. After this treatment the organisms so lose their resistance to decolorizing agents that, after having been stained with carbol fuchsin, and having remained for one or two minutes in dilute sulphurous acid, an aquecus solution of methylene blue will then stain the bacilli blue. Under the same treatment tubercle bacilli remain red. Dahms found the stain absolutely reliable in differentiating the two forms when applied in the following way: 1. Place cover glass, without previous heating, into absolute alcohol for three hours. 2. Treat with a 3 per cent chromic acid solution for fifteen minutes. 3. Stain with carbol fuchsin. 4. Treat with dilute sulphurous acid for two or three minutes. 5. Treat with concentrated alcoholic solution of methylene blue for five minutes, which will stain the smegma bacilli blue, leaving bacillus tuberculosis red. Dahms also notes that smegma bacilli never show the curved forms so common among tubercle bacilli.

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

The Medical Fortnightly will not be discontinued at expiration of ubscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

STIPENDS FOR MEDICAL STUDENTS.—An endowment fund has recently been bequeathed to the Odessa Univeristy to aid worthy students with an annual stipend of 1,000 roubles, about $500, each. The testator stipulated that the amount must be as large as this, as no student can devote himself entirely to science unless his material wants are fully provided for.

PHYSICIANS who have experience with the injuries which occur in jostling crowds will be interested in a recent decision of the Supreme Court of Massachusetts. Suit was brought against a suburban railway company on account of an injury sustained in a station by being thrown down in the crowd. The lower court gave a verdict in favor of the plaintiff. This judgment was sustained by the Supreme Bench, thus establishing the liability of a transportation company under such conditions.

THE addition of a little oil of citronella to an ichthyol ointment robs it of its disagreeable odor.

Pediculosis capitis may be the indirect cause of acute torticollis by reason of a developing post-cervical adenitis.

CHRONIC ABORTION.—To avert probable abortion in a woman who habitually loses her fetus about a certain period of gestation, chloride of gold should be taken from the very time of conception. In many instances tertiary syphilis will be found as the cause—mercury and iodides then being indicated. The employment of arsenauro and mercauro will be found the happiest in which the desired agents can be used.

DAMAGE SUIT FOR LEAVING A COTTON SWAB IN WOUND.—The Swiss courts recently acquitted a surgeon who was sued for damages by a patient on whom he had performed an operation for goitre and had left a cotton swab in the wound. Tedious suppuration and paralysis of the right vocal cord resulted and the patient claimed substantial damages. Drs. E. Burckhardt, of Basle, and Valentin, of Berne, testified that a wad of cotton, soaked with blood, resembles human tissue so closely that, under the circumstances, its being overlooked should not be regarded as malpractice. The surgeon was consequently acquitted.—Jour. A. M. A.

AN ABBREVIATED COSTUME.—A short time ago a wealthy Chicago lady took a new and vivid interest in foreign missions. The tribes in Central Africa suited her fancy best, and soon she was actively engaged in "supporting" a missionary of long experience and great success in that field.

When a bundle of photographs from the mission, some of them representing the missionary and his wife in European costume, arrived, she felt that a little advice would be of value. So she wrote a kindly letter, praising him for his good work, but suggesting that he might be able to get far nearer to the natives through his wife, if she would wear the native costume, rather than the European dress.

In the course of a few months she received through the mail a package containing a strip of grass cloth about two inches wide and two and a half feet long, accompanied by the following letter:

DEAR MRS. N——:

In reply to your much valued suggestion, I am sending you herewith a full-dress costume worn by the native women here. My wife is willing to leave the question of changing to this dress entirely to your judgment. —February Lippincott's.

Glycozone

$(C_3H_6O_4 + C_3H_8O_3)$

ABSOLUTELY HARMLESS.

Indorsed and Successfully used by leading Physicians in the treatment of

DYSPEPSIA, GASTRITIS, GASTRIC ULCER and CONTAGIOUS DISEASES of the STOMACH and INTESTINES.

In order to prove the efficiency of GLYCOZONE, I will send a **$1.00 bottle free** to Physicians accompanying their request with 25c. to pay forwarding charges.

A copy of the 18th edition of my book of 340 pages, on the "Rational Treatment of Diseases Characterized by the Presence of Pathogenic Germs," containing reprints of 210 unsolicited clinical reports, by leading contributors to Medical Literature, will be mailed free of charge to Physicians mentioning this Journal.

Prepared only by

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France)

57-59 Prince Street, NEW YORK.

Look well to your prescriptions—a careless or dishonest pharmacist may ruin your reputation.

FOR INVALIDS

BENGER'S FOOD

IMPORTED

THE stomach which rejects all other foods will retain BENGER'S. It is the most delicate and delicious of Foods, appetising as well as nutritious. It can be enjoyed and assimilated when all other FOODS disagree.

Benger's Food is distinguished for the ease with which it is digested and for its rich nutritive value.

The BEST of all Foods for children.

Your doctor knows.

If your druggist or grocer cannot supply you, write to

THE BENGER FOOD CO., New York.

LAMONT, CORLISS & CO., Sole Importers,

78 Hudson Street, New York.

MEDICAL MEMORANDA.

I have been testing resinol ointment and soap in connection with X-ray treatment of extremely severe cases of skin diseases, and had wonderful results.—Walter A. Rulon, G. E., Philadelphia, Pa.

"**Liquozone** barred from registration in U. S. Patent office as unlawfully interfering with the trade mark of glycozone. Notice is hereby given that in a proceeding in the United States Patent office, which is entitled The Drevet Manufacturing Company vs. The Liquozone Company, the name "liquozone" was barred from registration in the U. S. Patent office as unlawfully interfering with the trade mark glycozone. The individual or corporation in any way infringing upon the trade mark "glycozone" which is a lawful trade-mark (glycozone being a thoroughly scientific and legitimate preparation for the treatment of germicidal diseases, etc.) and duly registered under the new trade-mark law, or selling of any merchandise labeled with any mark or name infringing upon the trade-mark "glycozone" or in any manner resembling the same, will be prosecuted for damages to the full extent of the law."

"**Lubrizone**" is a sterilized, neutral, antiseptic lubricant. It is non-irritating to the most sensitive mucous membranes, is healing, soothing and germicidal. It is thus a definite protection against infection. It does not stain clothing or bandages and is soluble in either hot or cold water. It is superior to all lubricants which have either an animal or mineral base. Composed of the essential elements of carrageen in combination with eucalyptus and formaldehyde, it also contains an oxygen liberator, the oxygen being held in suspension until coming in contact with the secretions—the oxygen is then liberated and becomes therapeutically effective. This is a distinct improvement upon any surgical lubricant thus far presented. With the tube you will find a nozzle which not only lessens the waste of material, but also enables you to apply the lubricant at the exact point needed—the urethra for instance, when inserting a sound, catheter or bougie. Lubrizone is manufactured with that same care which is given to every product which emanates from the laboratory of the Parmele Pharmacal Co,. New York.

Phenalgin.—From time to time new coal tar products are introduced, and very often these disappear within a few months after they have been brought to the notice of the profession, simply because they do not prove a special value or else have been found to exhibit dangerous properties. Not so with phenalgin, which is a product put upon the market by the Etna Chemical Company, New York (London agent: Mr. E. J. Reid, Basinghall Avenue, E. C.). Phenalgin is ammonio-phenylacetanide. Like products of a somewhat similar composition it possesses three distinct properties. It is an analgesic. In this respect it bids fair to rival completely phenacetin, and is of special service in cases of neuralgia and headaches of various kinds. In dysmenorrhea it is likewise of great service, small repeated doses frequently acting as a charm in relieving this distressing complaint. Then again it is useful in reducing temperature. Here it finds a useful application in the hectic fever of tuberculosis, small doses being given with marked benefit in such cases. In fact phenalgin is one of the best all-round antipyretic agents known, and is more reliable than any other product of similar origin. Lastly, it acts as an hypnotic, partly by relieving pain and partly also by allaying nervous restlessness, so often met with in diseases of various kinds. The product is chemically pure, and is put up in pink-top capsules and in tablets, These capsules are made of the best gelatine and are absolutely free from all impurities, retaining their strength, it is said, for an indefinite period. The tablets contain 2½ grains of phenalgin and the capsules five grains each of the powder. The dose ranges from 2½ to 10 grains, repeated in half-an-hour if necessary. In cases of dysmenorrhea ten grains should be taken every half-hour until relieved. At least these are the directions given by the manufacturers, but probably much smaller doses will be found sufficient. From personal trial of phenalgin we can strongly recommend it as a valuable substitute for phenacetin. Its great advantage is that it is not known to the public, whereas phenacetin is. and apart from this it is a distinctly pure product from which good results may always be confidently expected. Samples and further particulars can be had for the asking at any time from the London agent. who will also answer any inquiries relating to this new remedy. We strongly advise our readers to give it a trial in their practice.—Medical Times, London, England.